

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38642

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 5533 Tracy)

File No. 2001
Registered No. 2001
St. Ward

2. FULL NAME

(a) Residence, No. 5533 Tracy St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Franey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30th 1860
7. AGE YEARS 76 MONTHS 10 DAYS 9 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9th 1937
22. May 1937 to Oct 9 1937
I last saw her alive on Oct 9 1937 Death is said to have occurred on the date stated above, at 5.45 p.m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Central hemorrhage
94a
Other contributory causes of importance:
Arterio Sclerosis
Chronic Hepatitis
Date of onset Oct 9 37

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri
13. NAME James Fennessy
14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT W. J. Franey (ADDRESS) 5606 Holmes St.
18. BURIAL, CREMATION, OR REMOVAL

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER W. J. Franey (ADDRESS) 5606 Holmes St.
20. FILED Oct 11 1937 M. M. Brown

Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. M. Hickey M. D.
(Address) 603 Third St. Kansas City

Registrar

Every item of information should be carefully supplied. A full statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

sharp rising

1130 - 1 pm

4 to 5 pm